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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/696,727
	Filing Date	10/28/03
	First Named Inventor	Simonson, Rush
	Art Unit	3732
	Examiner Name	
Total Number of Pages in This Submission	Attorney Docket Number	080083.00004

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Michael J. Colitz, III
Signature	
Date	June 15, 2004

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
Typed or printed name	Michael J. Colitz, III
Signature	
Date	June 15, 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Simonson, Rush E.
SERIAL NUMBER: 10/696,727
FILED: 10/28/03
FOR: Improved Vertebral Implant Adapted for Posterior Insertion
ATTORNEY DOCKET NO.: 080083.00004

TRANSMITTAL OF SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT

Pursuant to the requirements of 37 C.F.R. §§ 1.56, 1.97, and 1.98, Applicant submits herewith copies of the patents, publications or other information of which he is aware, which he believes may be material to the examination of this application and in respect of which there may be a duty to disclose.

The filing of this information disclosure statement shall not be construed as a representation that a search has been made (37 CFR 1.97(g)), an admission that the information cited is, or is considered to be, material to patentability or that no other material information exists.

The filing of this information disclosure statement shall not be construed as an admission against interest in any manner.



The Commissioner is hereby authorized to charge any additional fees pursuant to 1.97(c)(2) to Deposit Account Number 50-1667.

Respectfully submitted,

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CERTIFICATE OF MAILING

I HEREBY CERTIFY that the foregoing was placed in an envelope and mailed via first class mail, postage paid, to: U.S. Patent and Trademark Office, 2011 South Clark Place, Customer Window, Mail Stop DD, Crystal Plaza Two, Lobby, Room 1B03, Arlington, VA 22202 this 15 day of June, 2004.

The Commissioner is hereby authorized to charge any additional fees which may be required at any time during the prosecution of this application without specific authorization, or credit any overpayment, to Deposit Account Number 50-1667.

Michael J. Colitz, III

(Form PTO-1449 [6-4])



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Michael J. Colitz, III